Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS3596AGC	A. BUILDING _____ B. WING _____	10/23/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED CARE FOR THE ELDERLY	9501 MULROONA COURT LAS VEGAS, NV 89129

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28276 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 10/23/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for eight Residential Facility for Group beds for elderly and disabled persons, three (3) Category I residents and five (5) Category II residents. The census at the time of the survey was zero. Zero resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A. The following deficiencies were identified:	Y 000		
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Surveyor: 28276	Y 178		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 178	Continued From page 1 Based on observation on 10/23/09, the facility failed to ensure the premiss were clean and well maintained. Findings Include: - Ants were observed on the rear patio and in the refrigerator located on the rear patio. - Ants were observed on the counter and sink in the bathroom labeled as "common bath" on the evacuation plan. - Lint was accumulated behind the dryer. - Grease from the stove was observed on the cabinets above the stove and the cabinets on the left and right of the stove. The tile counter tops on the left and right of the stove had a layer of grease on them. The hood of the stove was observed to have a layer of dust on it. - The facility has been in the process of changing the carpet since 9/25/09, and the carpet replacement has not ben completed. The carpet has not been tacked down at the entrances to the bedrooms, and the transition from the hallway to the living room. Severity: 2 Scope: 3	Y 178		